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TO: Michael Lee SEP 29 1998
FAX NUMBER: (703) 308-5841 GROUP 2500
FROM: Richard W. Evans #4
DATE: September 29, 1998
TOTAL NUMBER OF PAGES (including cover sheet): 12
CLIENT/MATTER: 012585-1

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September 29, 1998

SEP 29 1998

GROUP 2500

VIA FACSIMILE: (703) 308-5841

Group 2800
Michael Lee, Examiner
Commissioner For Patents and Trademarks
Washington, DC 20231

**RE: Application of Robert E. Dorf, Serial No. 08/891,261 for
MULTIFUNCTION CARD SYSTEM**

Dear Mr. Lee:

Please find enclosed a copy of Preliminary Amendment that has been filed with the Patent Office on September 28, 1998. As you requested, we are sending these documents to you by facsimile to insure their delivery before examination.

If you have any questions, please feel free to contact me.

Very truly yours,

MOORE & VAN ALLEN, PLLC



Richard W. Evans

RWE/add
Enclosures

EE628948927US

Attorney Docket No. 012585-1**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Robert E. Dorf
Ser. No. 08/891,261
Filed: 10 July 1997
For: Multifunction Card System

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SEP 29 1998

Commissioner of Patents and Trademarks
Washington, DC 20231

GROUP 2500

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. Applicant is
 - a small entity. A statement:
 - is attached.
 - was already filed.
 - other than a small entity.

395.00
205.00

Certificate of Mailing (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service Express Mail Service, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Express Mail Label No. EE628948927US

Date of Deposit: September 28, 1998

Tim Kroll

Signature

Tim Kroll

Printed Name

FEE FOR CLAIMS

3. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (small entity)	ADDITIONAL FEE
TOTAL: 66	MINUS: 31	35	x \$11	\$385
INDEP: 11	MINUS: 6	5	x \$41	\$205
First presentation of multiply independent claim			+\$135	\$
			TOTAL ADDITIONAL FEE	\$590

No additional fee for claims is required.
 Total additional fee for claims required \$590.00.

FEE PAYMENT

Attached is a check in the sum of \$590.00.
 Charge Account No. _____ the sum of \$ _____. A duplicate copy of this transmittal is attached.



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